

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE**

STATE OF WASHINGTON, et al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official
capacity as President of the United States of
America, et al.,

Defendants.

NO.

DECLARATION OF G.T.

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ATTORNEY GENERAL OF WASHINGTON
Complex Litigation Division
800 Fifth Avenue, Suite 2000
Seattle, WA 98104
(206) 464-7744

1 I, G.T., declare as follows:

2 1. I am over the age of 18, competent to testify as to the matters herein, and make
3 this declaration based on my personal knowledge.

4 2. I live in Seattle, Washington with my spouse and two children.

5 3. I am an attorney. My spouse is a pediatrician.

6 4. One of my children, Child A, is transgender which means she was assigned male
7 sex at birth, but her gender identify is female.

8 5. Child A is now eleven years old.

9 6. From the time she could make her own decisions about what to wear, Child A
10 expressed her gender identity in a traditionally female manner. Yet, when she was a baby, we
11 dressed her as a typical boy. But as soon as she could talk, she wanted to wear pink clothing and
12 bows. She preferred to wear traditionally female clothing, to play with the girls, and to play with
13 toys generally associated with girls. When Child A was four years old, one of her grandparents
14 passed away. We dressed her in a boy's suit for the funeral, even though we knew she wanted to
15 wear a dress. I regret that deeply. I was new to this and did not fully understand at the time that
16 she was truly transgender.

17 7. When she was three or four years old, Child A started talking about girls with
18 penises. I did not have a robust understanding of gender diversity at that time, so I thought that
19 she was just confused. I corrected her, telling her that girls do not have penises. Only much later,
20 after I learned that she was transgender, did her comment about girls with penises make sense to
21 me.

22 8. When Child A started kindergarten, she was asked what she wanted to be called.
23 She chose the long version of the traditionally male name we had given her, which she had never
24 been interested in using before. I now believe that was her way of differentiating herself from
25 the "boy" she felt she had to be before starting kindergarten. Later on, after one of her dance
26 classes, we received an email letting us know that she told her dance teacher that she wanted to

1 use she/her pronouns. We were relieved that she felt safe enough in dance class to express herself
 2 in this way. We told Child A what her dance teacher had shared with us. We asked if she wanted
 3 us to use she/her pronouns at home too. She told us, that yes, she wanted to use she/her pronouns
 4 at home. Then a couple days later, she told us we could tell the relatives. Shortly after, she wanted
 5 to tell everyone at school.

6 9. Starting from when Child A was little and wanted to wear dresses, my spouse and
 7 I have always been supportive of what she wanted to do, what pronouns she wanted. We made
 8 sure that she was always in the driver's seat when it came to identifying herself.

9 10. Nevertheless, Child A suffered from high anxiety and problems with her sleep.
 10 One night, she told us, "I just want to die." It was heartbreaking to hear and I will never forget
 11 it. We knew then that we had to do something. She was only seven years old. We got her a
 12 therapist who also specialized in gender-affirming therapy. The therapist explained that Child A
 13 was too young to have what would be clinically termed "suicidal ideation", but that what Child
 14 A was doing was using words to express how bad she was feeling inside.

15 11. Child A's therapist makes sure to include us parents as part of the process. The
 16 therapist prioritizes the importance of respecting pronouns and what name Child A uses and
 17 creating a safe space for Child A to talk without the parents there, but every four to five sessions,
 18 the therapist checks in with us so that we can understand how we may best support her.

19 12. Child A started thriving after she started gender-affirming therapy. She really
 20 came into herself. She had no more troubles sleeping at night, and never again has made
 21 comments suggesting self-harm. The more affirmed she was, the more she flourished. Child A
 22 is now in fifth grade. She gets good grades and is active in plays in her after school program.
 23 She always plays girl characters. She loves musical theater, video games, reading, and parkour.
 24 She has a variety of friends and acts just like any other 11-year-old kid. She is living her best life
 25 and is joyous. She is now confident in going to new places and talking to new people, which
 26

1 used to be so difficult for her. She seems to be connected to her whole self now, with a strong
2 sense of self.

3 13. Before our child started to express herself, my spouse and I didn't have any
4 background or personal experience in really understanding gender diversity. So we started doing
5 research. We learned about puberty blockers, about how they are reversible, about the difference
6 between puberty blockers and hormone replacement therapy, which would be later, and figuring
7 out when we should start with any of these treatments.

8 14. We also consulted with a medical doctor who was an expert in gender-affirming
9 medical care. We wanted to make sure, at the right developmental stage, to let Child A know
10 what her options were.

11 15. When Child A was around nine years old, we slowly started talking to her about
12 puberty and what the body goes through. We eventually let her know that medical providers
13 could provide treatment that can stop puberty, including for kids that might not be sure of their
14 gender. We explained that some kids use them, but some don't; that there are so many ways to
15 be in your own gender. My spouse and I continually told Child A that she had options; that she
16 did not have to make any decisions about who she was or her gender identity. We did not want
17 to seem like we were suggesting that she was in the wrong body. We asked her if perhaps she
18 might be nonbinary. But she was firm, "No, I'm a girl." When she started expressing a different
19 gender identity than the sex she was assigned at birth, we provided books explaining that you
20 can be girl or boy, nonbinary, both, neither, and that the choice was up to her. She has always
21 identified as a girl without wavering. We have learned so much from her just being herself.

22 16. We also made sure the doctor explained all of this to her. Child A was very
23 nervous about what puberty would bring on. She absolutely did not want those changes and was
24 very clear that she wanted puberty blockers. She was very certain. She has never wavered.

25 17. A large part of this process was the gender-affirming therapy. Child A started
26 gender-affirming therapy long before the medical part, and she had socially transitioned long

1 before the medical part. There were also a series of appointments with the gender clinic to
2 understand our options before any decision needed to be made.

3 18. In fall of 2024, Child A got a puberty blocking implant. It will last at least 18
4 months, but in the interim, she will still need periodic follow-up care, including blood tests and
5 labs to monitor that things are going okay.

6 19. We now know that gender affirming care is being reduced at the clinic that
7 provides care because of the executive order. We fear it will only get worse, and that care will
8 soon be totally unavailable if the executive order is not stopped.

9 20. Recently, we talked to Child A and her sibling in broad terms about the executive
10 order. We wanted them to hear from us before they heard at school. They were both alarmed and
11 scared. Child A knows that transgender people are under attack. Up until now, she has lived in
12 a safe bubble, but it popped the day of the election. She is not ignorant or unaware, but she has
13 never had to personally deal with harassment or discrimination for being trans. The day of the
14 election, she quietly asked us before bed what's going to happen to trans people. Her little sibling
15 asked us if her sibling would be taken away for being trans. My spouse and I reassured our
16 children that we are team, we are sticking together no matter what, and that we have a plan to
17 fight for the rights of transgender people and others who face discrimination and harassment.
18 We want our children to feel safe and protected, as children should feel, even though we
19 ourselves are afraid in a way that we never have been before.

20 21. My spouse and I know that her medical providers are already being forced by
21 their institution to comply with the Order. We are concerned about the impact even with her
22 regular pediatrician and even her dentist. They both respect her gender identity and never use
23 her dead name (the name we used for Child A before her transition). We do not know how far
24 the impact of this EO will go.
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22. Before we changed Child A's gender marker and legal name, the only place that used her dead name was the airport, where they would make her say her name given at birth. It was heartbreaking to witness. She hated it.

23. My spouse and I are gravely concerned about what to do. We have some time with the implant, but anything can happen. We know there is a black market of medication, but that is risky in so many ways. We are being confronted with the choice of getting something unreliable and dangerous or going abroad for medical care, which would be unsustainable, unaffordable, and beyond disruptive to our kids and our lives.

24. But we could not live in this country if Child A is denied gender-affirming care. Without the puberty blocker, she would have facial hair, her voice would deepen, and such changes would betray everything she is. She even has an aversion to beards. Whenever she sees a guy shaving a beard, she is relieved. When she watched the movie, "The Martian," she said, "Oh, thank God!" when he shaved. Same when she watched a Marvel movie – when the character shaved, she exclaimed, "Thank God!" Child A is a girl, she has the total outward appearance of a girl. She wears gender-affirming clothing. She uses the bathroom at school that conforms with her gender identity. Child A is not a boy and if her body develops in a way that makes her look like a boy, we fear she would not want to live in that body.

25. Child A does not even want to see pictures of herself with short hair or as a baby looking like a typical baby boy. She does not want to see old videos where we used her dead name. She does not like to look backwards. She lives in peace now where she is affirmed and living her best life. If she had to look in the mirror, and look like a boy, we know that she would be at high risk for suicide.

26. We are aware of the mental health crisis for kids and teens and very aware of the suicide risk for people who need gender-affirming care but cannot get it. We are also aware that our child would be at significant risk of physical assault if her gender affirming care were to end and she would start to look like a boy.

1 27. We also fear that we will be criminalized as parents for ensuring that our child
2 has access to gender affirming care.

3 28. I am using my initials instead of my full name to protect my identity and the
4 identity of my spouse and children. I want to protect the privacy interests of my minor children.
5 I do not want to put my children's safety in jeopardy. I fear we will be targeted for harassment
6 or violence or retaliation.

7 I declare under penalty of perjury under the laws of the State of Washington and the
8 United States of America that the foregoing is true and correct.

9 DATED this ____ day of February 2025, at _____, Washington.

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12 G.T.
13 Parent of "Child A"
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I declare under penalty of perjury under the laws of the State of Washington and the United States of America that the foregoing is true and correct.

DATED this 5th day of February 2025, at King County, Washington.

G.T.
Parent of "Child A"